

## **FINANCIAL STATUS REPORT**

(Long Form)

		(Long I	•		0000	
1 Endomi Aganas	and Organizational Element	(Follow instruction 2. Federal Grant or Other Ide		d	7007 IAM 2	9 PH 12: 27
to Which Report		By Federal Agency	ampling statimet Wasiline	u	No.	- 12145m 5m f
	sistance Commission	FY03 HAVA Section 1	01 Funding	•	0348-0039 pages	
3. Recipient Oman	ization (Name and complete ad	dress including ZIP code)			I Pages	
	ppartment of Law and Pul		I, Trenton, NJ 0862	5		
4. Employer Identification Number         5. Recipient Account Number           216006929         06100-066-1421-016			r or Identifying Number	6. Final Report ☑ Yes ☑ No	7. Basis TCash Z Accrual	
8. Funding/Grant P	eriod (See Instructions)		9. Period Covered by t	his Report		
From: (Month, Day, Year) To: (Month, Day, Year)			From: (Month, Day, Year) 1/1/2003		To: (Month, Day, Year) 12/31/2003	
10. Transactions:			i Previously Reported	l This Period	} Cumulative	
a. Total outlays			0.00	0.00	0.00	
b. Refunds, rebates, etc.					0.00	
c. Program income used in accordance with the deduction alternative					0.00	
d. Net outlays (Line a, less the sum of lines b and c)			0.00	0.00	0.00	
	of net outlays, consisting of: in-kind) contributions				0.00	
Other Federal awards authorized to be used to match this award					0.00	
g. Program income used in accordance with the matching or cost sharing alternative					0.00	
h. All other recipient outlays not shown on lines e, f or g					0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00	0.00	
j. Federal shal	re of net outlays (line d less line	Đ	0.00	0.00	0.00	
k. Total unliquidated obligations				979 (CA) (A) (A) (A)		
Recipient's share of unliquidated obligations			12 con 735			
m. Faderal share of unliquidated obligations						
n. Total Federal share (sum of lines j and m)					0.00	
c. Total Federal funds authorized for this funding period					8,141,208.00	
p. Unobligated balance of Federal funds (Line o minus line n)					8,141,208.00	
Program income,	consisting of:			· 高、学校的第三人		
q. Disbursed program income shown on lines c and/or g above			The state of the state of	PER SOURCE STATE	<u> </u>	
r. Disbursed program income using the addition alternative						
s. Undisbursed program income						
t Total program income realized (Sum of lines q, r and s)					0.00	
11, indirect	a. Type of Rate (Place "X" in		termined	☐ Finat	☐ Fixed	
Expense	b. Rale	c. Base	d, Total Amount	8.	Fedoral Shara	
12. Remarks: Att	ach any explanations deemed :	necessary or information recul	l red by Federal sponsorii	ng agency in complianc	e with	
governing leg			, <b> ,</b> , ,	,		
				wwinto and that all	nur and	
	i certify to the bast of my kno unliquidated obligations are t			·		
Typed or Printed No	anne and Title			Telephone (Area code,	number and extension)	
Signature of Author	ized Certifying Official		······································	Date Report Submitted	10001	
"/				January 25, 2007	,	